KARNATAKA STATE AKKAMHADEVI WOMEN UNIVERSITY, VIJAYAPURA.

Research Proposal entitled

PSYCHOSOCIAL ISSUES OF PERSONS WITH SCHIZOPHRENIA: A social work study in Dharwad district of Karnataka.

For the Degree of
Doctor of Philosophy in Social Work

Submitted by

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INTRODUCTION:

Schizophrenia as mental illness is defined in terms of diagnostic criteria which do not include the full range of psychosocial difficulties that shape the lived experience of persons with this diagnosis and affect their quality of life. Schizophrenia as mental illness is defined in terms of diagnostic criteria which do not include the full range of psychosocial difficulties that shape the lived experience of persons with this diagnosis and affect their quality of life. The bio-psychosocial approach found in the World Health Organization's International Classification of Functioning, Disability and Health – ICF seems to be promising solution. The psychosocial difficulties (PSDs), as defined in it, are impairments, activity limitations and participation restrictions. Impairments and activity limitations are components of a person's health state. Participation restrictions go beyond the health state – they are restrictions in a person's functioning in his or her actual environment. Quality of life, on the other hand, is the subjective appraisal of impairments, activity limitations and participation restrictions. In the most recent systematic literature review the most relevant PSDs associated with schizophrenia are: cognitive functions and emotional functions, relationships with others, employment, participating in social activities. The themes from the patients' narratives indicate the same ones. The effective mental health services provision, as well as implementation of adequate social interventions should help users to overcome these difficulties. The idea of the training which focuses on common understanding regarding psychosocial difficulties as barriers to social inclusion, and guidance for future research seems to be obligatory in postgraduate curricula for mental health providers. [Marta, Anczewska, Piotr Świtaj, Joanna Roszczynska Michta, Anna Chrostek, Katarzyna Charzynska, 2001]

Schizophrenia is a severe mental disorder characterized by three broad categories of symptoms: positive symptoms, negative symptoms, and cognitive symptoms. It generally runs a chronic course with heterogeneous outcomes. Schizophrenia is associated with significant functional impairment, challenges in community living, and burden of disability. In addition to the symptoms and impaired role functioning, schizophrenia affects many other spheres of living,

such as interpersonal and socio-occupational domains. [Sumit Durgoji, Krishna Prasad Muliyal, Deepak Javaraian and Santosh Kumar Chaturvedi, 2019]

The present study is conducting in DIMHANS, who are under taking treatment for schizophrenia. Schizophrenia is associated with significant functional impairment, challenges in community living, and burden of disability. In addition to the symptoms and impaired role functioning, schizophrenia affects many other spheres of living, such as interpersonal and socio-occupational domains.

Theoretical Framework:

Theory 1. Psychoanalytic theory:

Schizophrenia is a regression to the oral stage when the ego has not emerged from the id. As there is no distinct ego, by regressing to the primary narcissistic stage, schizophrenics lose contact with the world. There is heightening of id impulses especially of sexual nature during adolescence. As Shanmugam points out, lack of interpersonal relations and libidinal attachment are attributed to their heightened sensitivity to criticism and behaviour. By trying to adapt with the demands of the id impulses and to have contact with some stimulus, symptoms of delusions, hallucination and thought disorders are found. Bellack, Hunvich and Geidman (1973) have conducted some investigation to prove that in schizophrenia ego impairment is caused by an increase in id impulse.

Theory 2. Social learning theory of schizophrenia:

Schizophrenics according to this theory do not respond appropriately to the social environment like their normal counterparts. Thus deficit in attention to social environment leads to lack of proper association and disturbances in the thought processes of the schizophrenics. Moreover, lack of proper attention to the stimuli coming from the social environment makes the individual appear withdrawn. According to Ulman and Kreshmer (1965) schizophrenia is primarily a reaction to the reinforcement it receives within the mental hospital. The hospital staff attends to the patients more when their speech is incoherent and behaviour irrational. Attempts have been made to verify social learning theory by Braginsky, Grosserking (1966) by conducting a study to examine whether hospitalised patients can manipulate to create an impression on others through the administration of M.M.P.I. which has been strongly criticised. “Cameron and Margaret (1949, 1951) noted that the schizophrenic patients are inflexible in their own social roles and uncomprehending of the role behaviour of others. Hence, they create their own social role to protect themselves from social expectations and demands. However, though a

split occurs between their outer and inner selves, their hopes, aspirations etc. in the inner self may still remain intact.

Theory 3. Experimental theory of schizophrenia:

This theory of schizophrenia advanced by Ronald Laing holds schizophrenia not as an illness but as a label for a certain kind of problematic experience and behaviour. According to the experimental theory, it is the family which first stamps a specific behaviour as schizophrenia instead of accepting it as an experience which is potentially meaningful and beneficial to the individual. He further views that schizophrenia is like a person on a psychedelic trip who needs guidance and not control. From the schizophrenic point of view an attitude which considers their illness as positive experience may have beneficial effects. The schizophrenics will continue to be what they are and have a marginal existence after being discharged from the hospital. However, there is not much evidence in support of Laing's view. Frankly speaking, at present there is no single psychological theory to explain schizophrenic behaviour fully. A etiology of schizophrenia. Being the most complex functional psychoses, the wide range of dysfunctions commonly found in all types of schizophrenia cannot be fully explained by any single theory advanced to explain the causes of schizophrenia.

According to Duke and Nowicki (1979) schizophrenia is so complex, so puzzling phenomenon that theorists from many disciplines have joined in a massive effort to explain it. Research findings on the causes of schizophrenia are more or less controversial. However, different theories have been advanced to explain a etiology of schizophrenia. They are organic and functional or biological and psychological. The main purpose of advancing these causes lie in the treatment. Schizophrenia has been found in all cultures and socio-economic classes. However, in the industrialized nations schizophrenic patients are found in a disproportionate number in lower socio-economic classes. This suggests that the affected individuals either move to a lower socio-economic class or fail to rise out of a lower socio-economic class because of illness. Immigration, industrialization, urbanization and abrupt change contribute to the etiology of schizophrenia as it becomes quite difficult to adjust to such abrupt changes.

This is why schizophrenia has been called a disease of civilized society. It is held that an individual may have a specific vulnerability for the disease and when the symptom of schizophrenia to develop acted upon by some stressful environmental influence shows. The stress can be biological or environmental or both.

Need for the present study:

Persons with chronic schizophrenia experience problems in their living, working, social relationships, learning, and employment giving rise to the various level of dysfunctions in different areas according to different socio-cultural backgrounds. They have needs related to psychiatric treatment compliance, socialization, vocational training, interpersonal relationships, enhancing the skills of daily living, and meaningful employment.

II. Review of literature:

Sl no	Authors name	Year	Title of the study	Aims	Methodology	Sample size	Results
1	EwelinaDziwota, Marian ZdzislawStepulak, Anna Wloszczzak-Szubzda, MarcinOlajossy.	2018	Social functioning and the quality of life of patients, diagnosed as schizophrenia.	To understandthe most important problems related with social functioning and quality of life of patients, diagnosed with schizophrenia.	Scientific based study	60	The study presented, the most important issues associated with social functioning and the quality of life of patients with schizophrenia.
2	SharadaPrasanna Swain, SushreeSangita Behura, Manoj Kumar Dash, Anil Kumar Nayak, and SaawatiSuchitraPati.	2017	The influence of Psychosocial Dysfunctions in Chronic Schizophrenia Patients in Remission-A Hospital Based study.	To compare the level of psychosocial dysfunctions between remitted schizophrenic patients with 5 to 20 years.	Cross sectional study	120	There is defenate and substantial psychosocial dysfunctions in personal, familial, social, vocational and cognitive shapers with the advancement of the duration of illness in chronic schizophrenia.
3	Jill M Hooley	2014	Social Factors in Schizophrenia	To know the Brief review of describing the social deficits associated with schizophrenia.	Longitudinal Research study	80	Social skills training in improving patients general social functioning and the clinical course of their disease.

4	Elizabeth Cantor-Graae, PhD	2007	The contribution of Social Factors to the Development of Schizophrenia: A Review of Recent Findings	To investigate recent evidence suggesting that social factors are casually related to development of schizophrenia.	Evidence based study	50	Findings such as excessively high risk for schizophrenia in second generation immigrants are difficult to explain solely in terms of biological or genetic factors.
5	Santosh Loganathan MD and Srinivasa Murthy MD	2011	LIVING WITH SCHIZOPHRENIA IN INDIA: GENDER PERSPECTIVES	To understand the needs of individuals who suffer from schizophrenia to improve the quality of their treatment and plan culturally appropriate anti-discriminatory interventions.	A Qualitative research study	200	The sample consisted of 118 men and 82 women, with a total of 57% married and 31% never married. Of those who were never married, 24% were men and 7% were women. The constructs that emerged from the interviews were categorized as follows and the responses are listed accordingly.
6	Marta, Anczewska, Piotr Świtaj, Joanna Roszczynska Michta, Anna Chrostek, Katarzyna Charzynska, 2001	2001	PSYCHOSOCIAL DIFFICULTIES EXPERIENCED BY PEOPLE DIAGNOSED WITH SCHIZOPHRENIA – BARRIERS TO SOCIAL INCLUSION	To understand regarding, psychosocial difficulties as barriers to social inclusion, better intervention targeting and guidance.	Longitudinal Research study	Not mentioned sample size	The effective mental health services provision, as well as implication of adequate social interventions should help users to overcome difficulties.

Research Gap: In many studies have examined the effects of psychosocial issues with a person with schizophrenia, their predominant symptoms and disability proportion; however, there has not been a lot of attention given to the relationship between these topics. Hence in this current study, the research going to enrich the light on a person with schizophrenia, his/her issues with individual, family, social and occupational factors, identification of symptoms.

III. Methodology:

It covers the objectives, sample design, inclusion criteria, exclusion criteria, tools, statement of problem, operational definitions, hypothesis, research design, universe, sample technique, sample size, statistical analysis, etc.

Objectives: The main aim of the study is to know the psychosocial issues found among respondents suffering among schizophrenia, in the DIMAHANS.

- To study the personal profile respondents.
- To explore psycho social issues of respondents.
- To compare between select independent variables with psycho-social issues of the respondents.
- To examine the role of psychiatric social workers in addressing psychosocial issues of respondents.

Universe of the study: Universe of the study contributes all the person with schizophrenia approached DIMHANS Dharwad for follow-treatment from 1st July to December 31st

Sample design: In this study the researcher is using purposive sampling. 350 persons diagnosed as suffering from schizophrenia who are under treatment at DIMHANS will be drawn.

Sample Size: From July 1st to December **31st** who are visiting to follow-up treatment to DIMHANS Dharwad. 350 persons diagnosed as suffering from schizophrenia who are under treatment at DIMHANS will be drawn.

Sources of data collection: Data collection only at DIMHANS Dharwad. Who are under follow-up treatment at DIMHANS.

Inclusion criteria:

- Patients who are diagnosed as Schizophrenia suffering from as per ICD-10 criteria (F_20).
- Those who are between the age range of 20–55 years.
- Patients with duration of illness at least 5 years.
- Those who are willing to participate in the research study and sign the consent form.

Exclusion criteria

- Persons with other co-morbid psychiatric conditions and organic mental conditions are excluded.
- Persons with co morbid substance use are excluded.
- Persons with other co morbid physical illness are excluded.
- Person who are less than 20years and more than 55years are excluded.

Tool and Techniques of data collection

Tools used: (Socio-Demographic Profile and Psychosocial Aspects Interview Schedule)

- A structured Performa would be developed by the researcher and used in this study to collect information about various socio-demographic variables, i.e., age, sex, education, religion, occupation, marital status, geographical background, age at onset, number of episodes, family background and support, interpersonal relationship between the family members attitude towards self and attitude of the family from relatives towards the patient and his/her illness shall be covered.
- Scale for the assessment of positive symptoms (SAPS- N. Andreason)
- Scale for the assessment of negative symptoms (SANS-Nancy C Andreasen)
- Social and Occupational Functioning Assessment Scale (SOFAS- 2008 American Journal of Psychiatry)
- WHO Quality of Life Scale-Brief (26 items)
- Family Environment scale (FES), (Dr. Herpreet Bhatia and Dr. N. K. Chadha. - 69 items).

The Techniques of data collection will be interview, observation

Statement of problem: Study the psychosocial issues in relations to persons suffering from schizophrenia.

- What are the psychosocial issues influencing male and female respondents and mode of coping with their issues?
- How the illness is affecting the psychosocial conditions of respondents?
- Weather the service provided by the institute helped them reducing the psychosocial problem/issues by the patient?
- What are their expectations by the service provider?

Operational definition:

- **Schizophrenia:** Schizophrenia is a severe mental disorder characterized by three broad categories of symptoms: positive symptoms, negative symptoms, and cognitive symptoms. It generally runs a chronic course with heterogeneous outcomes. Schizophrenia is associated with significant functional impairment, challenges in community living, and burden of disability. In addition to the symptoms and impaired role functioning, schizophrenia affects many other spheres of living, such as interpersonal and socio-occupational domains. [Sumit Durgoji, Krishna Prasad Muliyal, Deepak Javaraian and Santosh Kumar Chaturvedi, 2019.]
- **Psycho Social Issues:** schizophrenia disturbs many aspects of the life of a patient. It may bring about deficits in functioning: cognitive, perceptual, motor and emotional. The above quoted deficits in functioning lead to the social withdrawal of individuals suffering from schizophrenia. [EwelinaDziwota, Marian ZdzislawStepulak, Anna Wloszczzak-Szubzda, MarcinOlajossy, 2018.] Psychosocial functioning includes, social activities, personal and social relationships, work behavior and self-care, etc.

Hypotheses:

- There is no difference between the psychosocial issues of and select independent variables of the respondents.
- Role of the psychiatric social worker has a significant role in addressing psychosocial issues of respondents.

Research design: Descriptive research design would be applied for the present study.

Statistical Analysis: The researcher will administer descriptive as well as inferential statistical tests for the data analysis.

Ethical:

- Purpose of the study would be explained to the respondents.
- Written informed consent will be obtained from the respondents and their care givers. prior to data collection
- Respondents can withdraw from the study at any time without explaining any reasons.

- Respondents would be made clear that they will not get any monetary benefit. Purpose of the study would be explained to male & female respondents.

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